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To:

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Fax Number : (850) 617-6383

From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.  
Account Number : 076624003440  
Phone : (305) 444-6226  
Fax Number : (305) 442-4829

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**PONCE 1201 LLC.**

Certificate of Status	1
Certified Copy	0
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T. HAMPTON

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MAY 21 2009

EXAMINER

ARTICLES OF ORGANIZATION

OF

PONCE 1201 LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I  
NAME

The name of this Limited Liability Company is: PONCE 1201 LLC

ARTICLE II  
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III  
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV

The principal office and mailing address of this Limited Liability Company in the State of Florida is 1600 PONCE DE LEON BOULEVARD, SUITE 1201, CORAL GABLES, FL 33134. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V  
REGISTERED OFFICE, REGISTERED AGENT

That PONCE 1201 LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates JAVIER G. MORA, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 1600 PONCE DE LEON BOULEVARD, SUITE 1201, CORAL GABLES, FL 33134.

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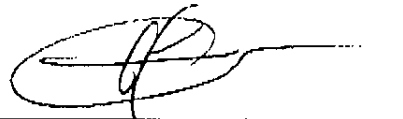
ARTICLE VI  
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial Managers shall be:

JAVIER G. MORA of  
1600 PONCE DE LEON BOULEVARD, SUITE 1201, CORAL GABLES, FL 33134

WITNESS the hand and seal of the Manager in Miami Dade County, State of Florida, this  
20<sup>th</sup> day of May, 2009.

The Manager:



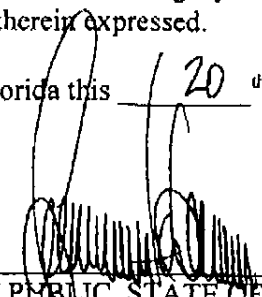
JAVIER G. MORA

STATE OF FLORIDA                     )  
  ) SS:  
COUNTY OF MIAMI-DADE            )

PERSONALLY appeared before me, JAVIER G. MORA, as Manager of PONCE 1201 LLC, for and on behalf of the entity, who is personally known to me, who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 20<sup>th</sup> day of May, 2009.

NOTARY PUBLIC-STATE OF FLORIDA  
Laura Kohn  
Commission #DD770888  
Expires: MAY 16, 2012  
BONDED THRU ATLANTIC BONDING CO., INC

  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE

My commission expires:

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF  
PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE  
SERVED.**

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That PONCE 1201 LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named JAVIER G. MORA as its Agent, of 1600 PONCE DE LEON BOULEVARD, SUITE 1201, CORAL GABLES, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent

By: 

JAVIER G. MORA

May 20, 2009

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